



2000 SEPTIC TANK PUMPERS APPLICATION ENVIRONMENTAL HEALTH

800 W. Canal Drive
Kennewick, WA 99336
(509) 582-7761, Ext. 246

310 7th Avenue
Prosser, WA 99350
(509) 786-1633

Fee: \$62.00/vehicle Code: 5330

Account #: _____

Guarantor #: _____

ALL ITEMS IN THIS BOX MUST BE COMPLETED TO ACCEPT THIS APPLICATION, IF YOU NEED HELP CONTACT THIS OFFICE

NAME OF COMPANY: _____ TELEPHONE: _____

ADDRESS: _____

APPLICANT: _____ TELEPHONE: _____

ADDRESS: _____

NAME OF OWNER, PARTNERS, AND/OR CORPORATE OFFICERS: _____

EACH VEHICLE INVOLVED IN THE PUMPING AND OR SERVICING OF SEPTIC TANKS OR CHEMICAL TOILETS MUST HAVE A PERMIT.

VEHICLE NO. 1

License Number: _____ State of Registration: _____

Make and Model of Vehicle: _____

Rated Capacity of Tank in Gallons: _____

Type of Pump(s): _____

VEHICLE NO. 2

License Number: _____ State of Registration: _____

Make and Model of Vehicle: _____

Rated Capacity of Tank in Gallons: _____

Type of Pump(s): _____

VEHICLE NO. 3

License Number: _____ State of Registration: _____

Make and Model of Vehicle: _____

Rated Capacity of Tank in Gallons: _____

Type of Pump(s): _____

VEHICLE NO. 4

License Number: _____ State of Registration: _____

Make and Model of Vehicle: _____

Rated Capacity of Tank in Gallons: _____

Type of Pump(s): _____

(Additional Vehicles may be noted on a separate sheet and all vehicles engaged in pumping must have a permit.)

PERMITTED DISPOSAL SITE: _____**DATE OF AGREEMENT WITH SITE:** _____**DATE OPERATING PLAN SUBMITTED:** _____

Note: Operating permits will not be issued to any firm failing to comply with the Benton-Franklin District Board of Health Rules and Regulations No. 5.

I certify, by signature, that the above named firm will adhere to above referenced rules, ordinances and codes pertaining to septage disposal in Benton and Franklin Counties. In addition, I certify that the above listed disposal site(s) are the only site(s) that I will utilize and realize that disposal at a unapproved site will result in permit revocation. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to inspect said business at their discretion for purposes of application evaluation, equipment inspection, or any subsequent inspections.

Applicants signature _____ Date _____

FOR OFFICE USE ONLY

TYPE OF PERMIT: _____ INITIAL _____ RENEWAL

DATE OPERATING PLAN APPROVED: _____

PERMIT NUMBER: _____

DATE OF EXPIRATION: _____

BFHD-EH-PC#7 (Rev.12/95, 1/00)